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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/237,969 01/27/1999
 which is a CIP of 08/923,477 09/04/1997 PAT 6,106,301
 which claims benefit of 60/025,433 09/04/1996
 and said 09/237,969 01/27/1999
 claims benefit of 60/072,672 01/28/1998
 and claims benefit of 60/105,661 10/26/1998
 and claims benefit of 60/116,545 01/21/1999

yes JdH

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/02/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>JdH</i>	VA	14	20	3

ADDRESS

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TITLE

Interface device and method for interfacing instruments to medical procedure simulation systems

<p>FILING FEE RECEIVED 950</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<p><input type="checkbox"/> All Fees</p> <p><input type="checkbox"/> 1.16 Fees (Filing)</p> <p><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</p> <p><input type="checkbox"/> 1.18 Fees (Issue)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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